

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 09/606369	Filing Date			
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	*	*	*	*
1						51	Indep	Depend	Indep	Depend
2						52				
3						53				
4						54				
5						55				
6						56				
7						57				
8						58				
9						59				
10						60				
11						61				
12						62				
13	1					63				
14		1				64				
15		2				65				
16		2				66				
17		2				67				
18		2				68				
19						69				
20						70				
21						71				
22						72				
23						73				
24						74				
25						75				
26						76				
27						77				
28						78				
29	1					79				
30		1				80				
31						81				
32	3					82				
33		1				83				
34	3					84				
35	1					85				
36	1					86				
37	1					87				
38	1					88				
39	1					89				
40	1					90				
41	4					91				
42	4					92				
43	4					93				
44	4					94				
45	1					95				
46	4					96				
47	1					97				
48	4					98				
49	4					99				
50	4					100				
Total Indep						Total Indep	6			
Total Depend						Total Depend	58			
Total Claims						Total Claims	64			

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